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Under the Pap	perwork Reduction A	ct of 1995, no persons are required to respond to a co	illection of information unles	s if displays a va
	OR EXTENSION	(4)	Docket Number (Optional 967_029	
Application Number		10/088,468-Conf. #8804	Filed	June 1
For SIGNA	AL TRANSMIS	SION SYSTEM		
Art Unit	2621		Examiner	N.
This is a reque	est under the pr	ovisions of 37 CFR 1.136(a) to extend the	e period for filing a re	ply in the abo

2002 T. Diep ove identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$460 \$230 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$820 \$1640 Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to . I have enclosed a duplicate copy of this sheet. Deposit Account Number 50-0289 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 December 20, 2007 Signature Date (315) 425-9000 George S. Blasiak Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. Total of

One Month Request for Extension of Time Under 37 CFR 1.136(a) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, No. EM112873388US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Dated: December 20, 2007  Signature:  (Susan Pagano)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/088,468-Conf. #8804 es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** June 11, 2002 FEE TRANSMITTAL Filing Date Toshiro Nishio First Named Inventor For FY 2008 **Examiner Name** N. T. Diep Applicant claims small entity status. See 37 CFR 1.27 2621 Art Unit 967\_029 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) None Other (please identify): Check Credit Card Money Order 50-0289 Deposit Account Name: Marjama Muldoon Blasiak & Sullivan LLP Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 210 105 100 50 130 65 Design 105 310 155 160 80 Plant 210 510 255 620 310 Reissue 310 155 0 0 210 105 0 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets Extra Sheets** - 100 = \_ (round up to a whole number) x /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. 15 37.283 Telephone (315) 425-9000 Signature (Attorney/Agent) Date December 20, 2007 George S. Blasiak Name (Print/Type)

Fee Trans <del>mitt</del> al					
I hereby certify that this paper (along with an	ry paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as				
Express Mail, No. EM112873388US, on the	date shown below in an ervelope addressed to: MS Amendment, Commissioner for Patents, P.O.				
Box 1450, Alexandria, VA 22313-1450.					
Dated: December 20, 2007	Signature: (Susan Pagano)				